Form

North Dakota Office of State Tax Commissioner

## 58 Partnership return of income

2001

For 2001 CALENDAR YEAR, or other tax year beginning		, 2001, and ending _		, 20
Name of partnership			Federal EIN*	
Mailing address			Date business sta	rted
City, town, state and Zip Code		Phone (daytime)	Check if this is an amended return	
	(s) 4.  Other (Identia	Was a North Dakota Form 58 dentify) filed for the preceding year?		
B. $\square$ Retail/wholesale E. $\square$ Other services	G. Manufacturing H. Transportation I. Oil, gas, or coal	J.  Finance, insurance  K.  Other (Identify)		
Is this return being filed for a limited liability company (LL)     Check if Schedule RZ is attached		No No		
1. Partners' shares of income or loss (from Federal Form Federal Form 1065-B, Schedule K, lines 1a, 2, 3b, 4b,		e e	1	
2. Partners' shares of deductions (from Federal Form 10 from line 11 which is not an itemized deduction; if Federal			2	
3. Balance (Subtract line 2 from line 1)			3	
4. North Dakota additions (See instructions) (Attach sup	pporting schedule)	•	4	
5. Balance (Add lines 3 and 4)			5	
6. North Dakota subtractions (See instructions) (Attach	statement)	•	6	
7. Adjusted federal income or loss (Subtract line 6 from a				
estate, or trust partners, skip lines 8 through 12, and en			7	
8. a. Net allocable income or loss (See instructions) (Att			8a	
b. Professional service partnership: Guaranteed paymo				
(See instructions) (Attach statement)		•	8b	
c. Total (Add lines 8a and 8b)			8c	
,				
9. North Dakota apportionable income or loss (Subtract a	line 8c from line 7)		9	
10. Apportionment factor (from page 2, Schedule B, line enter 1.000000)	14; however, if 100% N	orth Dakota partnership,	10 _ ·	
11. Income or loss apportioned to North Dakota (Multiply	, line 9 by line 10)		11	
12. a. Net allocable income or loss (See instructions) (Att	ach statement)		12a	
b. Professional service partnership: Guaranteed paym				
for services in North Dakota (See instructions) (Att			12b	
c. Total (Add lines 12a and 12b)			12c	
C. Total (Add tines 12d and 120)				
13. North Dakota income or loss (Add lines 11 and 12c)			13	
Attach a complete copy of the 2001 Form 10	65 (including Sched	dule K-1)		
I declare under the penalties of N.D.C.C. § 12.1-11-02, which pr matter, that this return, including any accompanying schedules and s a true, correct, and complete return. *For Privacy Act information	l statements, has been ex	xamined by me and to the bes		
Signature of general partner or authorized representative	Date	For Tax Departmen	t use only	
Signature of paid preparer	Date			
Mail to:Office of State Tax Commissioner, State Capitol, 600 East Boulevard Avenue, Bismarck, ND 58505-0599				

## Schedule A: Nonresident individual partners' distributive shares of income (loss)

Nonresident individual partner's name and address	Social Security Number*	Distrib. share %	Apportioned income (loss) (Page 1, line 11)	Allocable income (loss) (Page 1, line 12c)
Total distributed to nonresident individual partners	1	100%		

## Schedule B: Calculation of apportionment factor (for multistate partnership)

Property factor Average value at <i>original</i> cost of real and tangible personal	Column 1 Total	Column 2 North Dakota		Column 3 Factor
property used in the business.	•	(Column 2÷ Colum		
(Exclude value of construction in progress)				1
1. Land			1	
2. Buildings and other fixed depreciable assets			2	
3. Depletable assets			3	
4. Inventories			4	
5. Other assets ( <i>Attach schedule</i> )			5	
6. Rented property ( <i>Annual rental capitalized x 8</i> )			6	
7. Total property (Add lines 1 through 6)			7	
Payroll factor				
8. Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1065			8	
(If the amount in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach a detailed explanation.)				
Sales factor				
9. Gross receipts or sales, less returns and allowances (Federal Form 1065, Line 1c)			9	
10. Sales delivered or shipped to North Dakota destinations			10	
11. Sales shipped from North Dakota to:			11	
(a) The United States Government			(a)	
(b) Purchasers in a state or foreign country where the			11	
partnership did not have a filing requirement			(b)	
12. Total sales (Add lines 9 through 11)			12	
13. Sum of factors ( <i>Add lines 7, 8, and 12</i> )			13	
14. Apportionment factor (Divide line 13 by 3; however, if there are in				
of factors actually present on lines 7, 8 and 12) Enter result on pa		-	14	- •
* In compliance with the Federal Privacy Act of 1974. Public Law 93-579			l emnl	over identification number

this form is mandatory and is required under Subsections 1 and 7 of North Dakota Century Code § 57-38-31. A social security number or federal employer identification number is used as an identification number by the Office of State Tax Commissioner for file control purposes, recordkeeping, and for cross-checking the taxpayer's files with the Internal Revenue Service.